

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2013

OF THE CONDITION AND AFFAIRS OF THE
WellCare Health Insurance Company of Kentucky, Inc.

NAIC Group Code 01199 01199 64467 36-6069295 NAIC Company Code _ _ Employer's ID Number (Prior Period) Kentucky , State of Domicile or Port of Entry _ Organized under the Laws of Kentucky Country of Domicile **United States** Licensed as business type: Life, Accident & Health [X] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [] Other [] Is HMO, Federally Qualified? Yes [] No [] Incorporated/Organized 03/27/1962 08/31/1962 Commenced Business Statutory Home Office 13551 Triton Park Blvd, Suite 1800 Louisville, KY, US 40223 (City or Town, State, Country and Zip Code) (Street and Number) Main Administrative Office 8735 Henderson Road (Street and Number) Tampa, FL, US 33634 813-290-6200 Mail Address Tampa, FL, US 33631-3391 P.O. Box 31391 (City or Town, State, Country and Zip Code) Primary Location of Books and Records 8735 Henderson Road (Street and Number) Tampa, FL, US 33634 (City or Town, State, Country and Zip Code) 813-290-6200 (Area Code) (Telephone Number) (Extension) Internet Web Site Address www.wellcare.com 813-206-2725 Statutory Statement Contact Mike Wasik (Area Code) (Telephone Number) (Extension) 813-675-2899 (Name) michael.wasik@wellcare.com (E-Mail A **OFFICERS** Title Name Title Kelly Ann Munson # State President Thomas Lacy Tran CFO and Treasurer Maurice Sebastian Hebert Asst Treasurer and CAO Lisa Gonzalez Iglesias Secretary OTHER OFFICERS **DIRECTORS OR TRUSTEES** Maurice Sebastian Hebert Lisa Gonzalez Iglesias Thomas Lacy Tran State of FloridaHillsborough. The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Kelly Ann Munson Thomas Lacy Tran Maurice Sebastian Hebert State President CFO and Treasurer Asst Treasurer and CAO a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this b. If no: 1. State the amendment number day of 2. Date filed 3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

EXHIBIT E AGGIDENT A						
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	175,525				0	175,525
Group subscribers:						
				<u> </u>		
				<u> </u>	<u> </u>	
					<u> </u>	
					<u> </u>	
					1	
]	
0299997 Group subscriber subtotal	0	l0	0	l0	İ0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	<u> </u> 0	0	l 0	0	L0
0399999 Premiums due and unpaid from Medicare entities	23,351		67,327	536,237	0	695,510
0499999 Premiums due and unpaid from Medicaid entities	0	0	0	7,816,410	0	7,816,410
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	198,876	68,595	67,327	8,352,647	0	8,687,445

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3 31 - 60 Days	4	5 Over 90 Days	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
019998 - Aggregate of amounts not individually listed above. 019999 - Totals - Pharmaceutical rebate receivables	7,564,215	6,373,094			112,577	13,937,309 13,937,309
0199999 - Totals - Pharmaceutical rebate receivables	7,564,215	6,373,094	0	112,577	112,577	13,937,309
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0799999 Gross health care receivables	7,564,215	6,373,094	0	112,577	112,577	13,937,309

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	8,098,915	10,882,569	0	14,049,886	8,098,915	8,122,243
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	8,098,915	10,882,569	0	14,049,886	8,098,915	8,122,243

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims								
1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total		
Claims Unpaid (Reported)								
0199999 Individually listed claims unpaid	0	0	0	0				
0299999 Aggregate accounts not individually listed-uncovered								
0399999 Aggregate accounts not individually listed-covered	16,385,046	3,875,111	1,919,686	2,629,028	7,722,958	32,531,829		
0499999 Subtotals	16,385,046	3,875,111	1,919,686	2,629,028	7,722,958	32,531,829		
0599999 Unreported claims and other claim reserves						106,499,88		
0699999 Total amounts withheld								
0799999 Total claims unpaid						139,031,71		
0899999 Accrued medical incentive pool and bonus amounts						[

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Comprehensive Health Management, Inc.	9,664,882				9,664,882		
0199999 Individually listed receivables	9,664,882 10,455	0	l0	L0	9,664,882	0	0
0199999 Individually listed receivables	10,455				10,455		
0399999 Total gross amounts receivable	9,675,337	0	0	0	9,675,337	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	·	2	3	4	5
Affiliate		scription	Amount	Current	Non-Current
WellCare Prescription Insurance, Inc.	Affiliate Joint Venture		24,085,647	24,085,647	
0199999 Individually listed payables			24,085,647 24,409	24,085,647	0
0299999 Payables not individually listed			24,409	24,409	
0399999 Total gross payables			24,110,056	24,110,056	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		6.3	3,871,440	1,079.8		75 , 822 , 307
2. Intermediaries		0.0		0.0		
3. All other providers		0.0		0.0		
4. Total capitation payments		6.3	3,871,440	1,079.8	0	75,822,307
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		
6. Contractual fee payments		93.7	xxx	XXX	,	1, 125, 242, 450
7. Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		0.0	xxx	XXX		
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		<u> </u>
12. Total other payments	1,125,242,450	93.7	xxx	XXX	0	1,125,242,450
13. Total (Line 4 plus Line 12)	1,201,064,757	100 %	XXX	XXX	0	1,201,064,75

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1 - PART 2 - SUMMART OF TRANS	AOTIONO WITH INTER	MILDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			•	,	
9999999 Totals		0	XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
Other property and equipment Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

AIC Group Code 01199 BUSINESS IN THE STATE OF	- Alahama			DURING THE YEAR	2013			(LOCATION)	AIC Company Code	64467
NO GIOUP COUCE UT 199 DOSINESS IN THE STATE OF	Alavallia	Compre	hensive	DURING THE FEAR	2013			IN/	To Company Code	04407
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	10,813									10
2 First Quarter	12,568									12
3 Second Quarter	12,741									12
4. Third Quarter	12,836									12
5. Current Year	13,011									13
6 Current Year Member Months	152,797									152
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	13,472,524									13,472
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	13 , 472 , 524									13,472
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,499,657									11,499
18. Amount Incurred for Provision of Health Care Services	10,969,292									10,969

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF A	laska			DURING THE YEAR	2013		T	NA NA	IC Company Code	64467
	1 [Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									ļ
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician	0									ļ
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ		-	ļ	ļ	ļ	ļ
14. Property/Casualty Premiums Written	0 -			ļ		-		ļ	ļ	
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									<u> </u>

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Arizona			DURING THE YEAR	2013			NA	AIC Company Code	64467
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0							-		
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. _

IALO O O A A BUIDINEGO IN THE OTATE OF				DUDING THE VEAR	0040			(LOCATION)		04407
AIC Group Code 01199 BUSINESS IN THE STATE OF	Arkansas	Compre	honoivo	DURING THE YEAR	1 2013 T			NA	IC Company Code	64467
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,357									13,
2 First Quarter	15,985									15,
3 Second Quarter	16,295									16 ,
4. Third Quarter	16,560									16 ,
5. Current Year	16,914									16,
6 Current Year Member Months	196,063									196
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician										
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	15,495,103									15,495
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	15,495,103									15,495
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	13,239,220									13,239
18. Amount Incurred for Provision of Health Care Services	12,628,626									12,628

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF C	California			DURING THE YEAR	2013	T.	T	NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	. 0									
2 First Quarter	0									
3 Second Quarter	. 0									
4. Third Quarter	. 0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	. 0									
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	. 0									
14. Property/Casualty Premiums Written	. 0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. __

AIC Group Code 01199 BUSINESS IN THE STATE OF	Colorado	do DURING THE YEAR 2013 NAI								64467
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,017									17 ,
2 First Quarter	7,787									7 ,
3 Second Quarter	7,838									7 ,
4. Third Quarter	7,854									7 ,
5. Current Year	7,845									7,
6 Current Year Member Months	93,982									93,
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,059,334									8,059
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0							ļ	ļ	
15. Health Premiums Earned	8,059,334									8,059
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,242,438									7 ,242
18. Amount Incurred for Provision of Health Care Services	6,908,416									6,908,

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

NAIC Corres Code 04400 DUCINECC IN THE CTATE	OF C			DUDINO TUE VEAS	0040			(LOCATION)	10.0	04407
NAIC Group Code 01199 BUSINESS IN THE STATE	OF Connecticut	Compre	ehensive	DURING THE YEAR	1 2013 T			NA	IC Company Code	64467
	1		& Medical)	4	5	6	7	8	9	10
		2	3				Federal Employees			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,425									6,42
2 First Quarter	12,207									12,20
3 Second Quarter	12,779									12,77
4. Third Quarter	13,289									13,28
5. Current Year	13,819									13,81
6 Current Year Member Months	154,064									154,06
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	13,142,586									13 , 142 , 58
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	13,142,586									13 , 142 , 58
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,003,898									11,003,89
18. Amount Incurred for Provision of Health Care Services	10,496,397									10,496,39

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......13,142,586



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF D	Delaware			DURING THE YEAR	2013	1		NA NA	IC Company Code	64467
	1 _	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF Dist	rict of Columbia			DURING THE YEAR	2013	1	T	NA	IC Company Code	64467
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF G	Georgia			DURING THE YEAR	2013	T.	T	NA	IC Company Code	64467
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0 .									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF H	lawaii			DURING THE YEAR	2013	1		NA NA	IC Company Code	64467
	1 _	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									ļ
2 First Quarter	0									
3 Second Quarter	0									ļ
4. Third Quarter	0									
5. Current Year	0									<u> </u>
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									ļ
14. Property/Casualty Premiums Written	0								ļ	
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									l
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF Idal	ho			DURING THE YEAR	2013		T	NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF II	linois			DURING THE YEAR	2013	T	T	NA NA	IC Company Code	64467
	1	Compre (Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Indiana			DURING THE YEAR	2013	T	T	NA.	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									ļ
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF IOWA	a			DURING THE YEAR	2013	T.	T	NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF K	ansas			DURING THE YEAR	2013	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	'
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION V

WellCare Health Insurance Company of Kentucky, Inc.

2. _

AIC Group Code 01199 BUSINESS IN THE STATE (OF Kentucky			DURING THE YEAR	2013			(LOCATION) NA	IC Company Code	64467
	1	Compreh (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	206,763	21,880						0	184,883	
2 First Quarter	229,706	23,531						1,461	204,714	
3 Second Quarter	227,032	21,982						2,016	203,034	
4. Third Quarter	293,825	30,741						2,522	260,562	
5. Current Year	294,858	31,753						2,751	260,354	
6 Current Year Member Months	3,137,548	324,425						24,739	2,788,384	
otal Member Ambulatory Encounters for Year:										
7. Physician	1,796,890	24 , 188						21,938	1 ,750 ,764	
8. Non-Physician	1,253,445	29,415						8,009	1,216,021	
9. Total	3,050,335	53,603	0	0	0	0	0	29,947	2,966,785	
Hospital Patient Days Incurred	234,242	19,959						6,468	207,815	
Number of Inpatient Admissions	45,370	1,597						899	42,874	
2. Health Premiums Written (b)	1,342,883,349	95,849,067						22,730,342	1,224,303,940	
3. Life Premiums Direct	0									
4. Property/Casualty Premiums Written	0									
5. Health Premiums Earned	1,342,883,349	95,849,067						22,730,342	1,224,303,940	
6. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,147,721,814	67 , 179 , 504						15,813,925	1,064,728,385	
18. Amount Incurred for Provision of Health Care Services	1,190,318,287	71,438,876						18,985,775	1,099,893,636	

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0_____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......22,730,342



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF L	ouisiana			DURING THE YEAR	2013	T.	T	NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	ļ0 ļ.									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	ļ0 ļ.									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF M	aryland			DURING THE YEAR	2013	ľ	T	NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF Ma	assachusetts			DURING THE YEAR	2013		T.	NA NA	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. _

IAIC Group Code 01199 BUSINESS IN THE STATE OF	Minnesota			DURING THE YEAR	2013			(LOCATION) NA	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,390									3,39
2 First Quarter	4,195									4 , 19
3 Second Quarter	4,362									4,36
4. Third Quarter	4,426									4,42
5. Current Year	4,490									4,49
6 Current Year Member Months	52,085									52,08
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,670,610									4,670,61
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,670,610									4,670,61
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,192,700									4 , 192 , 70
18. Amount Incurred for Provision of Health Care Services	3,999,332									3,999,33

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......4,670,610



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF Mi	ssissippi			DURING THE YEAR	2013		T	NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	_
10. Hospital Patient Days Incurred	0									_
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF N	Missouri			DURING THE YEAR	2013	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									<u></u>
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	ļ0 ļ.			ļ				ļ	ļ	ļ
14. Property/Casualty Premiums Written	ļ0 ļ.							ļ		
15. Health Premiums Earned	ļ0 ļ.									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	0 l.									
18. Amount Incurred for Provision of Health Care Services	0									<u> </u>

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc.

(LOCATION) BUSINESS IN THE STATE OF Montana **DURING THE YEAR 2013** NAIC Company Code 64467 NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal **Employees** Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1.336 1,336 1. Prior Year 1.726 1,726 2 First Quarter 1.782 1,782 3 Second Quarter .1,822 .1,822 4. Third Quarter 5. Current Year 1,852 1,852 21,387 6 Current Year Member Months 21,387 Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions .1,779,551 .1,779,551 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. ..1,779,551 .1,779,551 16. Property/Casualty Premiums Earned. ..1.637.581 .1.637.581 17. Amount Paid for Provision of Health Care Services 1.562.056 1.562.056 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......1,779,551



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF N	Nebraska			DURING THE YEAR	2013	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									ļ
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician	0									ļ
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	. 0			ļ				ļ	ļ	ļ
14. Property/Casualty Premiums Written	. 0							ļ	ļ	
15. Health Premiums Earned	. 0									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									<u> </u>

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF N	levada			DURING THE YEAR	2013	1		NA NA	IC Company Code	64467
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0								ļ	
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF Ne	ew Jersey			DURING THE YEAR	2013	1		NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF No.	ew Mexico			DURING THE YEAR	2013	1	T.	NA NA	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	North Dakota			DURING THE YEAR	2013	T	T	NA.	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter										
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct										ļ
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF Ohio				DURING THE YEAR	2013			NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Oklahoma			DURING THE YEAR	2013	1	T.	NA NA	IC Company Code	64467
	1	Comprehensive (Hospital & Medical) 4 5 6		6	7	8	9	10		
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter	0									
3 Second Quarter										
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	Oregon			DURING THE YEAR	2013	T	T	NA.	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter										
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ						
14. Property/Casualty Premiums Written										ļ
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. REPORT FOR: 1. CORPORATION

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF F	Pennsylvania			DURING THE YEAR	2013	1		NA NA	IC Company Code	64467
	1 _	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									ļ
6 Current Year Member Months	0									ļ
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	. 0									ļ
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									ļ
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	ļ0 ļ.								ļ	ļ
15. Health Premiums Earned	ļ0 ļ.									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									<u> </u>

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2.

AIC Group Code 01199 BUSINESS IN THE STATE OF	Rhode Island	ode Island DURING THE YEAR 2013								64467
	1	Compre (Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,694									2,
2 First Quarter	4,979									4,
3 Second Quarter	5,219									5,
4. Third Quarter	5,535									5,
5. Current Year	5,758									5,
6 Current Year Member Months	63,514									63,
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,300,275									5,300
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned.										5,300
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4 ,527 ,449									4 , 527
18. Amount Incurred for Provision of Health Care Services	4,318,642									4,318,

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)	AIC Company Code	
IAIC Group Code 01199 BUSINESS IN THE STATE OF	South Carolina									64467
	1	Comprehensive (Hospital & Medical) 4 5 6					7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter										
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0						ļ			
13. Life Premiums Direct				ļ						
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	South Dakota			DURING THE YEAR	2013	T	T	NA.	AIC Company Code	64467
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter										
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0			ļ						
14. Property/Casualty Premiums Written										ļ
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF Te	ennessee			DURING THE YEAR	2013		T.	NA NA	AIC Company Code	64467
	1	Comprehensive (Hospital & Medical) 4 5 6						8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

				DURING THE YEAR				(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF Utah				NA NA	64467					
	1	Comprehensive (Hospital & Medical) 4 5 6				7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)	AIC Company Code	
IAIC Group Code 01199 BUSINESS IN THE STATE OF Vir	rginia									64467
	1	Comprehensive (Hospital & Medical) 4 5 6					7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		64467	
IAIC Group Code 01199 BUSINESS IN THE STATE OF W									NAIC Company Code		
	1	Comprehensive (Hospital & Medical) 4 5 6						8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2 First Quarter	0										
3 Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6 Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0									ļ	
14. Property/Casualty Premiums Written	0						<u> </u>				
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (COATION)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE OF	West Virginia			DURING THE YEAR	2013			. NA	IC Company Code	64467
	1	Compre (Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	C	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE (OF Wisconsin			DURING THE YEAR	2013	1	T	NA	IC Company Code	64467
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									1

a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 0
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. **REPORT FOR: 1. CORPORATION**

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF W	yoming			DURING THE YEAR	2013	1	T.	NA NA	AIC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE WellCare Health Insurance Company of Kentucky, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. .

NAIC Group Code 01199 BUSINESS IN THE STATE O				DURING THE YEAR	2013	NA NA	64467			
	1	Comprei (Hospital &	hensive & Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	261,795	21,880	0	0	0	0	0	0	184,883	55,03
2 First Quarter	289 , 153	23,531	0	0	0	0	0	1,461	204,714	59,44
3 Second Quarter	288,048	21,982	0	0	0	0	0	2,016	203,034	61,01
4. Third Quarter	356 , 147	30,741	0	0	0	0	0	2,522	260,562	62,32
5. Current Year	358,547	31,753	0	0	0	0	0	2,751	260,354	63,68
6 Current Year Member Months	3,871,440	324,425	0	0	0	0	0	24,739	2,788,384	733,89
Total Member Ambulatory Encounters for Year:										
7. Physician	1,796,890	24 , 188	0	0	0	0	0	21,938	1,750,764	
8. Non-Physician	1,253,445	29,415	0	0	0	0	0	8,009	1,216,021	
9. Total	3,050,335	53,603	0	0	0	0	0	29,947	2,966,785	
10. Hospital Patient Days Incurred	234,242	19,959	0	0	0	0	0	6,468	207,815	
11. Number of Inpatient Admissions	45,370	1,597	0	0	0	0	0	899	42,874	
12. Health Premiums Written (b)	1,404,803,332	95,849,067	0	0	0	0	0	22,730,342	1,224,303,940	61,919,98
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,404,803,332	95 , 849 , 067	0	0	0	0	0	22,730,342	1,224,303,940	61,919,98
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,201,064,757	67 , 179 , 504	0	0	0	0	0	15,813,925	1,064,728,385	53,342,9
18. Amount Incurred for Provision of Health Care Services	1,241,201,048	71,438,876	0	0	0	0	0	18,985,775	1,099,893,636	50,882,70

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......84,650,325

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIG					T			Reserve Liability	D	NA - 115 - 1	
NAIC	ID			Demicilian	Type of Reinsurance		Unearned	Other Than For Unearned	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance	Funds Withheld
Company Code	Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Assumed	Premiums	Premiums	Premiums	and Unnaid Lossos		Under Coinsurance
Affiliates - I	IIS - Cantive	Lifective Date	Name of Nemsured	Junsaiction	Assumed	FIGHIUMS	Fielillullis	FIGIIIIIIII	Janu Oripaiu Losses J	I/C3CIVC	Toriuer Comsularice
12964	20-8058761	01/01/2009	WellCare of Texas. Inc.	TX	QA/I/A	759,651					
0199999 - To	otal Affiliates	- U.S Captive	WellCare of Texas, Inc			759,651	0	0	0	0	0
0399999 - To	otal Affiliates	- U.S Total				759,651	0	0	0	0	0
0799999 - Af	ffiliates - Tota	al Affiliates of 0399999 and 08				759,651	0	0	0	0	0
1199999 - To	otal U.S. (Sum	of 0399999 and 08	99999)			759,651	0	0	0	0	0
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9999999 To	otals					759,651	0	0	0	0	0

SCHEDULE S - PART 2

	Rei		able on Paid and Unpaid Losses Listed by Rei	insuring Company as of December 31, Current		
	2	3	4	5	6	7
1						
NAIC			Name			
Company	ID	Effective	of	Domiciliary	Paid	Unpaid
Code	Number	Date	Company	Jurisdiction	Losses	Losses
12964	alth - Affiliates	01/01/2009	WellCare of Texas, Inc.	TX	354,331	
	ident and Health	- Affiliates - U.S.	- Other	TA.	354,331	0
		- Affiliates - U.S.			354,331	0
Accident and He	alth - Affiliates	- Non-U.S Captiv	ve Comprehensive Reinsurance Ltd	Lova	12,540	Г
1599999 - Acc	ident and Health	- Affiliates - Non-l	IS - Cantive	OTM.	12,540	0
		- Affiliates - Non-L			12,540	0
		- Affiliates - Tota			366,871	0
Accident and He	alth - Non-Affili 1 48 0021045	ates - U.S. Non-Aff		[KS	1,832,611	1
1999999 - Acc	ident and Health	- Non-Affiliates - U	J.S. Non-Affiliates	. 10.	1,832,611	0
2199999 - Acc	ident and Health	- Non-Affiliates - 1	Total Non-Affiliates		1,832,611	0
		- Total Accident and			2,199,482	0
2399999 - 1013 2499999 - Tota	al U.S. (Sum Of U	399999, 0899999, 149	, 179999 and 2099999)		2,186,942 12,540	0
2400000 1010	I Non o.o. (odiii)	01 0000000, 0000000	, 1133333 tilit 2033333)		12,040	
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9999999 To	otals—Life, Annu	ity and Accident ar	nd Health (Sum of 1199999 and 2299999)		2,199,482	0

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9999999 Totals

SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded Accident and Health I								
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC			Name				Unearned	Reserve Credit	10	11	Modified	
Company	ID	Effective	of	Domiciliary			Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Туре	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es - U.S. Non-Affiliates									
39845				KS.	SSL/1/A	1,848,197						
			Non-Affiliates - U.S. Non-Affiliates			1,848,197	0	0	0	0	0	0
			Non-Affiliates – Total Authorized Non-Affiliates			1,848,197	0	•	0	0	0	Ů
			Total General Account Authorized			1,848,197	0	0	0	0	0	0
General Ac			- Non-U.S Captive									
				CYM	SSL/1/A	25,683						
			- Affiliates - Non-U.S Captive			25,683	0	0	0	0	0	0
			- Affiliates - Non-U.S Total			25,683	0	0	0	0	0	0
			- Affiliates - Total Unauthorized Affiliates			25,683	0	0	0	0	0	0
			- Total General Account Unauthorized			25,683	0	0	0	0	0	0
			Account Authorized, Unauthorized and Certified			1,873,880	0	0	0	0	0	0
			9999, 1499999, 1999999, 2599999, 3099999, 3799999			1,848,197	0	0	0	0	0	0
7099999	- lotal Non-U.S.	(Sum of 0699999,	0999999, 1799999, 2099999, 2899999, 3199999, 409	99999, 4399999, 5199999, 5499999, 6299999 an	nd 6599999)	25,683	0	0	0	0	0	0
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SCHEDULE S - PART 4

	Reinsurance Ceded To Unauthorized Companies													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
'		_	·				_							
					Paid				Issuing or					
					and				Confirming		Funds Deposited			Sum of Cols
NAIC				D				1 -44	Bank				Minnellandens	9+11+12+13+14
				Reserve	Unpaid Losses	-		Letters			by and			
Company	ID	Effective		Credit	Recoverable	Other	Total	of	Reference	Trust	Withheld from		Balances	but not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	(Cols. 5+6+7)	Credit	Number (a)	Agreements	Reinsurers	Other	(Credit)	Excess of Col. 8
			Comprehensive Reinsurance Ltd		12,540		12,540						221,920	12,540
1599999 -	General Accou	int - Acciden	t and Health - Affiliates - Non-U.S Captive	0	12,540	0	12,540	0	XXX	0	0	0	221,920	12,540
1799999 -	General Accou	ınt - Acciden	t and Health - Affiliates - Non-U.S Total	0	12,540	0	12,540	0	XXX	0	0	0	221,920	12,540
			t and Health – Affiliates – Total Affiliates	0	12,540	0	12,540	0	XXX	0	0	0	221,920	12,540
			t and Health - Total Accident and Health	0	12,540	0	12,540	0	XXX	0		0	221,920	12,540
			eneral Account	0	12,540	0	12,540	0	XXX	0		0	221,920	12,540
			99999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	12,540	0	12,540	0	XXX	0	0	0	221,920	12,540
3099999 -	iotai non-u.s	. (Sulli 01 00	99999, 0999999, 1799999, 2099999, 2999999 and 3299999)	U	12,340	U	12,340	U	۸۸۸	U	U	U	221,920	12,040
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							• • • • • • • • • • • • • • • • • • • •							
9999999 To	atal			Λ	12,540	Λ	12,540	Λ	XXX	Λ	0	Λ	221,920	12,540
9999999 I	Jlai			U	12,040	U	12,040	U		ı	ı U	ı U	441,920	12,040

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 5

								R	einsurance	Ceded to	Certified F	Reinsurers as	of Decem	ber 31, Cur	rrent Year	(000 Omi	itted)								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				Collateral				23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer / Rating(1 htrough 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col.12 - 13)	Full Credit (Col. 14 x	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 +17 + 19 +20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Net	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)
																				1					
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9999999	Total (Sum of	2399999 and	1 3499999)					0	0	0	0	. 0	0				XXX	0	0	. 0	0	XXX	XXX	0	. 0

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

Schedule S - Part 6

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		Omitted)	2	A	-
	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
4. Burilius	024	F F00	50	0	0
1. Premiums			52	0	0
Title XVIII-Medicare	11	0	0	0	178
3. Title XIX-Medicaid	1,032	36,978	53	0	0
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	C
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	2,199	8,580	0	0	0
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	
14. Letters of credit (L)	0	0	0	0	C
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	С
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	XXX	XXX	XXX
19. Letters of credit (L)	0	0	XXX	XXX	XXX
20. Trust agreements (T)	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	251,956,510		251,956,510
2.	Accident and health premiums due and unpaid (Line 15)	8,687,445		8,687,445
3.	Amounts recoverable from reinsurers (Line 16.1)	2,199,482		2, 199, 482
4.	Net credit for ceded reinsurance	xxx	2, 199, 482	2, 199, 482
5.	All other admitted assets (Balance)	28,509,175		28,509,175
6.	Total assets (Line 28)	291,352,612	2,199,482	293,552,094
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	139,031,713	0	139,031,713
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	28,773,558		28,773,558
15.	Total liabilities (Line 24)	167,805,271	0	167,805,271
16.	Total capital and surplus (Line 33)	123,547,341	XXX	123,547,341
17.	Total liabilities, capital and surplus (Line 34)	291,352,612	0	291,352,612
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	2,199,482		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,199,482		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	2,199,482		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

	ļ				usiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						ļ
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California							
6. Colorado	CO						
7. Connecticut							
8. Delaware							
9. District of Columbia	DC						
10. Florida							
11. Georgia	GA						
12. Hawaii							
13. Idaho							
14. Illinois	IL		·	·			l
15. Indiana	IN		ļ	·			·
16. lowa	JA		ļ	·			
17. Kansas			ļ	-			
18. Kentucky							
19. Louisiana	LA						
20. Maine			 	·		····	ļ
21. Maryland				-			
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO			<u>L</u>			
27. Montana	TM		II				
28. Nebraska	NE			ļ L			
29. Nevada		<u> </u>					
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon							
39. Pennsylvania	PA						
40. Rhode Island	RI		ļ				
41. South Carolina	SC		ļ				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	X						
45. Utah	T						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0		(0	T

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SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

			_								•			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of Securities					Type of Control (Ownership,			
						Exchange if					Board.	If Control is	Ultimate	
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
									-				WellCare Health	
01199	WellCare Health Plans Inc	95310	14-1647239				WellCare of Connecticut Inc	CT	IA	WellCare of New York, Inc	Ownership	100.0	Plans, Inc	0
04400		05004	50 0500000							The WellCare Management		400.0	WellCare Health	
01199	WellCare Health Plans Inc	95081	. 59-2583622	-			WellCare of Florida Inc Comprehensive Health Management	FL	IA	Group, Inc The WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	0
01199	WellCare Health Plans Inc.	00000	59-3547616				Inc.	FI	NIA	Group. Inc	Ownership	100.0	Plans. Inc	0
01100	merroare nearth rans me	00000					The WellCare Management Group,			Oroup	. O will of 3111 p	100.0	WellCare Health	
01199	WellCare Health Plans Inc.	00000	14-1647239				Inc.	NY	UDP	WCG Health Management, Inc	Ownership	100.0	Plans, Inc	0
										The WellCare Management	'		WellCare Health	
01199	WellCare Health Plans Inc	95534	14-1676443				WellCare of New York Inc	NY	IA	Group, Inc	Ownership	100.0	Plans, Inc	0
04400		00000	00 0000000							The WellCare Management		400.0	WellCare Health	
01199	WellCare Health Plans Inc	00000	. 20-3320236	-			Harmony Behavorial Health Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc	0
01199	WellCare Health Plans Inc.	11229	36-4050495				Harmony Health Plan of Illinois	11	IA	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans. Inc.	0
01100	merroare nearth rans me	11220					1110			The WellCare Management	. Owner strip	100.0	WellCare Health	
01199	WellCare Health Plans Inc.	12194	90-0247713				WellCare of Louisiana Inc	LA	I A	Group. Inc.	Ownership	100.0	Plans, Inc	0
										The WellCare Management	'		WellCare Health	
01199	WellCare Health Plans Inc	00000	22-3391045				Harmony Health Systems Inc	IL	NIA	Group, Inc	Ownership	100.0	Plans, Inc	0
0.4.400							l					400.0	WellCare Health	
01199	WellCare Health Plans Inc	00000 00000	. 36-4467676	-		NYSE	Harmony Health Management Inc	L FL	NIA UIP	Harmony Health Systems, Inc	.Ownership	100.0	Plans, Inc	0
01199	WellCare Health Plans Inc	00000	. 47 - 0937650	-			WellCare Health Plans Inc	FL		Shareholders		0.0	WellCare Health	0
01199	WellCare Health Plans Inc.	00000	04-3669698				WCG Health Management Inc.	FI	UIP	WellCare Health Plans, Inc	Ownership.	100.0	Plans. Inc.	0
01100	Norreal of ricar (in France Trice)	00000					Thou float the management fine			The WellCare Management	1 0 milor om p		WellCare Health	
01199	WellCare Health Plans Inc	10760	20-2103320				WellCare of Georgia Inc	GA	IA	Group. Inc.	Ownership	100.0	Plans, Inc	0
										The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	. 98-0448921				Comprehensive Reinsurance Ltd	CYM	IA	Group, Inc	Ownership	100.0	Plans, Inc	0
01199	WellCare Health Plans Inc.	10155	20-2383134				WellCare Prescription Insurance	FI	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	0
01199	werrcare nearth Frans Inc	10133	. 20-2303134	-				FL	IA	The WellCare Management	. ownership	100.0	WellCare Health	0
01199	WellCare Health Plans Inc.	12749	20-3562146				WellCare of Ohio Inc.	OH	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
							Harmony Behavorial Health IPA			Harmony Behavorial Health,			WellCare Health	
01199	WellCare Health Plans Inc	00000	20-3262322				Inc	NY	NIA	Inc	Ownership	100.0	Plans, Inc	0
	l						WellCare Pharmacy Benefits			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	00000	20-4869374				. Management In	DE	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	0
01199	WellCare Health Plans Inc	83445	86-0269558				WellCare Health Insurance of Arizona Inc	AZ	IA	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	٨
01133	nerivare nearth Frans IIIC	00440					WellCare Health Insurance			The WellCare Management	. omnergirip	100.0	WellCare Health	0
01199	WellCare Health Plans Inc.	64467	36-6069295				Company of Kentucky Inc	KY	I A	Group. Inc.	Ownership	100.0	Plans, Inc.	0
			1				WellCare HeatIh Insurance of			The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc	12956	. 11-3197523				New York Inc	NY	IA	Group, Inc	Ownership	100.0	Plans, Inc	
0.4.400							WellCare Health Plans of New		l	The WellCare Management		400.5	WellCare Health	
01199	WellCare Health Plans Inc	13020	. 20-8017319				Jersey Inc	NJ	IA	Group, Inc.	Ownership	100.0	Plans, Inc	
01199		12964	20-8058761				.WellCare of Texas Inc	TX	IA	The WellCare Management Group, Inc.	Ownership.	100.0	WellCare Health Plans, Inc.	
01188	HELIVATE HEALTH FLANS HIC	12304	. 20-0000/01	-		-	Exactus Pharmacy Solutions,	ΙΛ	IA	WellCare Pharmacy Benefits	. ownersiiip	100.0	WellCare Health	0
01199	WellCare Health Plans Inc.	00000	20-8420512				Inc.	DE	NIA	Management	Ownership	100.0	Plans, Inc	0
	1			-1		-7	1	1	-1	T	1 2.2	1		1

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of Securities					Type of Control (Ownership,			ı İ
						Exchange if					Board.	If Control is	Ultimate	ı l
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	ı l
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	ı l
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
										The WellCare Management			WellCare Health	ı . l
01199	WellCare Health Plans Inc	00000	27 - 0386122				Ohana Health Plans, Inc	HI	. IA	Group, Inc.	Ownership		Plans, Inc	0
04400	Wallows Haalth Blass Iss	00000	07 4000040				WellCare Health Plans of	0.4	1.4	The WellCare Management	Own a sala ta		WellCare Health	ا ما
01199	WellCare Health Plans Inc	00000	27 - 4293249				California, Inc	CA	- IIA	Group, Inc The WellCare Management	Ownership		Plans, Inc	ı ^U
01199	 WellCare Health Plans Inc	14404	45-3617189				WellCare of Kansas. Inc	KS	1.4	The wellcare management Group. Inc	Ownership		WellCare Health Plans, Inc.	ا ما
01199	NGTIVATE NEATTH FTAILS THE	14404	40-301/108				WellCare Health Plans of	NO	IA	The WellCare Management	. ownersinp		WellCare Health	,U
01199	WellCare Health Plans Inc.	00000	45-5154364				Tennessee. Inc.	TN	IA	Group, Inc	Ownership	100.0	Plans. Inc.	ا ۱
01100	Werroure mearth rang me.	00000	1 40 0104004				America's 1st Choice California			The WellCare Management	. o willor offitp		WellCare Health	ı
01199	WellCare Health Plans Inc.	00000	45-3236788				Holdings, LLC	FL	NIA	Group, Inc.	Ownership		Plans. Inc.	. 0
										America's 1st Choice			WellCare Health	1
01199	WellCare Health Plans Inc	00000	20 - 5327501				Easy Choice Health Plan, Inc	CA	IA	California Holdings, LLC	Ownership		Plans, Inc	0
							WellCare of South Carolina,			The WellCare Management	'		WellCare Health	i
01199	WellCare Health Plans Inc	11775	32-0062883				Inc	SC	IA	Group, Inc	Ownership		Plans, Inc	0
										The WellCare Management			WellCare Health	ı l
01199	WellCare Health Plans Inc	00000	46-2078909				WellCare of Nevada, Inc	NV	. IA	Group, Inc.	Ownership		Plans, Inc	0
0.4400	l	10010	5000004							The WellCare Management			WellCare Health	
01199	WellCare Health Plans Inc.	12913	20-5862801				Missouri Care, Incorporated	MO	IA	Group, Inc.	Ownership	100.0	Plans, Inc	0
									-					
							1		-					ı
			1						1					

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company	Federal ID		Shareholder	Capital	Loans or Other	Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95081	59-2583622	WellCare of Florida Inc.	(40,000,000)		ļ		(220,774,716)	(50,693,584)		ļ	(311,468,300)	4,813,774
95334		WellCare of New York Inc	(25,000,000)				(94,465,363)	(59,857,542)		ļ	(179,322,905)	(2,958,263)
95310	06 - 1405640	WellCare of Connecticut Inc					(4,700,410)	(6,293,137)		ļ	(10,993,547)	(85,961)
11229	36-4050495	Harmony Health Plans of Illinois Inc.	(10,000,000)		ļ		(40 , 468 , 120)	(13,098,518)	ļ	ļ	(63,566,638)	(262,273)
12194	90-0247713	WellCare of Louisiana Inc			ļ		(11,936,135)	(4,000,827)	ļ	ļ	(15,936,962)	20,956
10760	20-2103320	WellCare of Georgia Inc			ļ		(177,628,268)		ļ	ļ	(177,628,268)	
10155	20-2383134	WellCare Prescription Insurance Inc.	(40,000,000)		ļ		(79,341,017)		ļ	ļļ.	(119,341,017)	
12749	20-3562146	WellCare of Ohio Inc	(20,000,000)		ļ		(19,630,281)	(2,264,615)		ļļ.	(41,894,896)	738,028
		Comprehensive Health Management Inc.			ļ		762,846,035		ļ	ļļ.	762,846,035	
00000	98-0448921	Comprehensive Reinsurance Ltd.			ļ		(16,351,971)	161,605,492	ļ	ļ	145 , 253 , 521	(2,299,467)
83445	86 - 0269558	WellCare Health Insurance of Arizona Inc	(12,000,000)				(38,775,947)	(3,271,285)	ļ		(54,047,232)	165,218
64467	36-6069295	WellCare Health Ins Co of Kentucky Inc		20,000,000			(123,349,243)	733,968	ļ		(102,615,275)	9,308
10884	11-3197523	WellCare Health Ins of New York Inc					(7,465)		ļ		(7,465)	
00000	20-8420512	Exactus Pharmacy Solutions Inc. (110)					(16,539,419)		ļ		(16,539,419)	
	20-8058761	WellCare of Texas Inc.		7,000,000			(27,249,638)	(21,503,781)			(41,753,419)	(200, 150)
13020	20-8017319	WellCare Health Plans of New Jersey Inc		2,500,000			(2,024,286)	(1,356,171)		ļ	(880,457)	58,830
00000	14-1647239	The WellCare Management Group Inc	147 , 000 , 000	(55,000,000)					ļ		92,000,000	
14404	45-3617189	WellCare of Kansas Inc					274		ļ	ļ	274	
00000	20-5327501	Easy Choice Health Plan, Inc.		11,500,000			3,603,479			ļ	15, 103, 479	
11775		WellCare of South Carolina, Inc					(5,968,644)			ļ	(5,968,644)	
12913	20-5862801	Misouri Care, Incorporated		14,000,000			(9,787,812)		ļ	ļ	4,212,188	
00000	47 - 0937650	WellCare Health Plans, Inc.					122,548,947				122,548,947	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

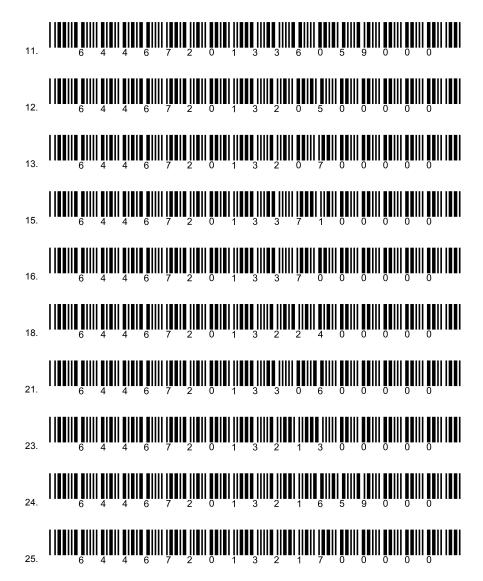
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.	,,	YES
7.		YES
•	JUNE FILING	VEC
8.		YESYES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? AUGUST FILING	
10.		YES
which	ollowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod upplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ons.	e will be printed below. If
	MARCH FILING	
11.		NO
12.	•	NO
13.		
14. 15.		SEE EAFLANATION
16.	be filed with the state of domicile and electronically with the NAIC by March 1? Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	N0
	domicile and electronically with the NAIC by March 1?	N0
17.		YES
18.	filed electronically with the NAIC by March 1?	N0
19. 20.	electronically with the NAIC by March 1?	SEE EXPLANATION
20.	electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
21.		N0
22.		YES
23.		NO
24. 25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	NONO
	April 1? AUGUST FILING	NU
26.		YES.
Expla	nation:	
11. B	usiness not written.	
12. B	usiness not written.	
13. B	usiness not written.	
14. N	ot required.	
15. B	usiness not written.	
16. B	usiness not written.	
18. N	o waiver required.	
19. N	o waiver required.	
20. N	o waiver required.	

21. Business not written.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 23. Business not written
- 24. Company writes only Medicare, Medicare Part D, and Medicaid business.
- 25. Company writes only Medicare, Medicare Part D, and Medicaid business.

Bar code



OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2013 OF THE WellCare Health Insurance Company of Kentucky, Inc. MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 01199 NAIC Company Code 64467

	Individual Co	verage	Group Co	verage	5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	0
1.12 Without Reinsurance Coverage	63 , 430 , 001	XXX		XXX	63,430,001
1.13 Risk-Corridor Payment Adjustments	(4,973,632)	XXX		XXX	(4,973,632
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage	(47 , 250)	XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
Risk-Corridor Payment Adjustments-change					
4.1 Receivable	3,510,864			ХХХ	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage	63,382,751	XXX		ХХХ	XXX
5.13 Risk-Corridor Payment Adjustments	(1,462,768)	XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums	61,919,983	XXX	0	XXX	58,456,369
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		ХХХ	0
7.12 Without Reinsurance Coverage	53,342,944	XXX		XXX	53,342,944
7.2 Supplemental Benefits		XXX		ХХХ	
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage					
8.12 Without Reinsurance Coverage	(273,509)	XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage					XXX
9.12 Without Reinsurance Coverage	2, 186, 674	XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10 Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0			XXX	XXX
10.12 Without Reinsurance Coverage	50,882,761	XXX		XXX	XXX
10.2 Supplemental Benefits.	0	XXX	0	XXX	XXX
11. Total Claims	50,882,761	XXX	0	XXX	53,342,944
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied					0
12.2 Reimbursements Received but Not Applied-change					
12.3 Reimbursements Receivable-change					XXX
12.4 Health Care Receivables-change	XXX		xxx		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid.					
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss	3,386,954	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(2,536,843

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2013

(To Be Filed By March 1)

Of The WellCare Health	Insurance Company of Kentucky, Inc		Insurance Company
Address (City, State and Zip Code)	Tampa, FL 33634		
NAIC Group Code 01199	NAIC Company Code	64467Employer's ID Number	36-6069295